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CONFIRMATION NO. 7830

SERIAL NUMBER 10/660,122	FILING or 371(c) DATE 09/11/2003 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. DIBIS-0002US.P3	
APPLICANTS David J. Ecker, Encinitas, CA; Richard H. Griffey, Vista, CA; Rangarajan Sampath, San Diego, CA; Steven A. Hofstadler, Oceanside, CA; John McNeil, La Jolla, CA; Stanley T. Crooke, Carlsbad, CA;					
** CONTINUING DATA ***** This application is a CIP of 10/323,233 12/18/2002 ABN and is a CIP of 10/326,051 12/18/2002 ABN and is a CIP of 10/325,526 12/18/2002 ABN and is a CIP of 10/325,527 12/18/2002 ABN and is a CIP of 09/798,007 03/02/2001 ABN and claims benefit of 60/431,319 12/06/2002 and claims benefit of 60/443,443 01/29/2003 and claims benefit of 60/443,788 01/30/2003 and claims benefit of 60/447,529 02/14/2003					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>ANGELA MARIE BERTAGNA</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance Initials _____	STATE OR COUNTRY CA	SHEETS DRAWINGS 38	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
ADDRESS Casimir Jones, S.C. 2275 Deming Way, Suite 310 Madison, WI 53562 UNITED STATES					
TITLE METHODS FOR RAPID IDENTIFICATION OF PATHOGENS IN HUMANS AND ANIMALS					
FILING FEE RECEIVED 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		